

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 159  
Registered No. 528

### 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village 831 Smith St.  
City Miami No. Miami Insp Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

2. Full name of child Lulu May Pruett

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 6-1930  
Month Day Year

8. FATHER  
Full name Philip A. Pruett  
9. Residence Miami  
(Usual place of abode)  
If non-resident, give place and state. Arizona  
10. Color or race Cauc.  
11. Age at last birthday 24 (Years)  
12. Birthplace (city or place) Alpine  
(State or country) Texas  
13. Occupation Motor man  
Nature of Industry Insp. Con. Copper Co.

14. MOTHER  
Full maiden name Grace Tyler  
15. Residence Miami  
(Usual place of abode)  
If non-resident, give place and state. Arizona  
16. Color or race Cauc.  
17. Age at last birthday 21 (Years)  
18. Birthplace (city or place) West  
(State or country) Miss.  
19. Occupation \_\_\_\_\_  
Nature of Industry Housewife

20. Number of children of the mother. \_\_\_\_\_ (a) Born alive and now living \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead. 0  
(c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:55 A. M. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Brown M.D.  
(Physician or midwife.)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filed May 15 1930 Registrar Re. E. Dorn

373-506-737